

SECTION 6

INPATIENT HOSPITAL CERTIFICATION REVIEWS

Inpatient hospital admissions must be certified as medically necessary and appropriate as inpatient services before MO HealthNet reimburses for inpatient services. All hospitals with a MO HealthNet provider number beginning with "01" are subject to this admission certification requirement. The review authority is assigned to Health Care Excel (HCE). Inpatient hospital certification reviews are covered in Section 13.31 of the MO HealthNet hospital provider manual available at www.dss.mo.gov/mhd/providers/index.htm.

Effective February 1, 2008, HCE will only accept telephone reviews on certifications requested prior to admission, on the day of admission, within twenty-four (24) hours after admission occurs and for continued stay. Any other requests for certification of an inpatient stay must be made via fax. Faxes may be submitted twenty-four (24) hours a day seven (7) days a week.

Requests for retrospective review require all medical records related to the inpatient stay. This type of request may be faxed only if the certification request and medical records consist of ten (10) pages or less. If the required medical records consist of more than ten (10) pages the certification request and medical records must be mailed to HCE.

The following methods may be used to request certification:

- Toll-Free Telephone: (Instate or Out-of-state) (800) 766-0686
- Telephone: (573) 634-3780
- Facsimile (fax): (573) 634-4262 (can be sent 24 hours/day)
- Mail-In:
 - Health Care Excel
 - 3236 West Edgewood Drive, Suite B
 - P.O. Box 105110
 - Jefferson City, MO, 65110

The HCE office is open from 8:00 a.m. to 5:00 p.m., Monday through Friday, except for established Department of Social Services approved holidays. Telephone calls made before or after working hours receive a recorded message about the working hours.

The certification request can be made by hospital staff or physician or psychologist office staff. The physician or psychologist is not required to be a MO HealthNet provider to request a certification.

PROVIDER RESPONSIBILITIES

HCE must be contacted by the physician or the hospital to provide

patient/provider identifying information and medical information regarding the patient's condition and planned services as set forth in Missouri state regulation 13 CSR 70-15.020.

SERVICES EXEMPT FROM ADMISSION CERTIFICATION

The following services do not require admission certification. Claims with a principal diagnosis that is one of the exempt diagnosis codes do not require a certification number in field 63 on the UB-04 claim form. HCE does not need to be contacted under these circumstances.

Certain Pregnancy-Related Diagnosis Codes

630

631

633 range

640-649 range with a fifth digit of 0, 1, 2 or 3

651-676 range with a fifth digit of 0, 1, 2 or 3

677

NOTE: Diagnoses for missed abortion, pregnancy with abortive outcome, and postpartum care continue to require certification.

Admissions for Deliveries

Delivery diagnosis codes are:

640-649 range with a fifth digit of 0, 1, 2 or 3

650

651-676 range with a fifth digit of 0, 1, 2 or 3

V24.0

V27.0-V27.9

NOTE: Providers are cautioned to refer to the ICD-9-CM diagnosis coding book because a fifth digit of 0, 1, 2 or 3 is not valid with every diagnosis within the ranges listed above.

Admissions for Newborns

Newborn diagnosis codes are:

V30.00-V39.1 (If the fourth digit is 0, a fifth digit of 0 or 1 is required)

760-779.9

Admissions of Patients Enrolled in MO HealthNet Health Plans

The health plan is responsible for certifying the hospital admission for MO HealthNet managed care plan enrollees. A transplant candidate may choose the MO HealthNet approved transplant facility and may choose a MO HealthNet approved transplant facility outside of the health plan's network and MO HealthNet will prior authorize the transplant. The health plan is responsible for

pre-transplant and post-transplant follow-up at both the in-network and the out-of-network transplant facilities.

Admissions Covered By Medicare Part A

Claims for deductible and coinsurance for MO HealthNet patients with Medicare Part A benefits are exempt from admission certification. However, if Medicare Part A benefits have been exhausted and a claim is submitted for MO HealthNet only days, admission certification requirements must be met. Pre-admission certification is required also for denied Medicare Part A inpatient hospital claims including exhausted benefits. Before requesting a pre-certification, the provider must exhaust all appeals through the Medicare appeals process and have a final denial that can be submitted to HCE with the pre-certification request.

Admissions for MO HealthNet patients with Medicare Part B only require certification.

CONTINUED STAY REQUESTS

Continued stay certification requests must be made one day prior to the last day approved by HCE. The provider is responsible for contacting HCE to request an extended stay beyond what was previously certified.

HCE LETTER OF APPROVAL

After HCE approves an admission, a letter is sent to both the hospital and the attending physician. The letter confirms the information that was previously provided either by telephone, fax, or a written request. It is important that the information in this letter is verified for accuracy. It is suggested that a copy of the HCE letter be given to the billing department for comparison with the information on the claim that is submitted to MO HealthNet. This may prevent denials during claims processing. The important information to check in the HCE approval letter is:

1. Patient's MO HealthNet number (field 60 on the UB-04 claim form)
2. Admission date (field 12 on the UB-04 claim form)
3. Cease payment date
4. Surgery date, if applicable (field 74 on the UB-04 claim form)
5. Certification number (field 63 on the UB-04 claim form)

If there is any information in the HCE approval letter that is different from the hospital's records, HCE must be contacted so the claims processing file information can be updated. For example, if surgery information was given to HCE but not performed, contact HCE. Without an exact match on the above five fields, a claim cannot pay.

There is one exception. If an admission was certified with no surgery indicated at the time of request, the provider is not required to contact HCE if surgery is performed during the inpatient stay.